PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			N CA				RATE	FEE		RATE	FEE	
FOR NUMBER FILED				ILED	NUMBI	ER EXTRA	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS Minus 2				us 20=	*	r.	X\$ 9=		OR	X\$18=	١	
INDEPENDENT CLAIMS 2 minus			nus 3 =	*		X42=		OR	X84=	,		
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=	÷	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	TOTAL		OR	TOTAL	150	
CLAIMS AS AMENDED - PAR										OTHER		
(Column 1)			188	(Column HIGHES		(Column 3)	SMALL		OR •	SMALLI		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T OL ALLA	=	X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	LNDEN	CLAIM		+140=		OR	+280=		
							TOTAL ADDIT. FEE			TOTAL		
	(Column 1) (Column 2) (Column 3)								10,,	ADDIT. FEE	L	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T CL A154	=	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		+140=		OR	+280=		
			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 3)										
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) HEST MBER OUSLY OFOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=		OR	X84=		
$\mathbb{L}^{\!$	FIRST PRESENTATION OF MULTIPLE			EPENDENT CL					 OR		 	
	If the coton in a f	umn 1 io loos 4h == 1	the opticin sele	imp 0 ·····	ta "O" is sa	oluma 3	+140=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
1	The "Highest Nur	mber Previously Pa	aid For" (Total o	r indepen	dent) is th	e highest number	r found in the ap	propriate bo	x in co	olumn 1.		